

NOT VOTING—

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The joint resolution (H.J. Res. 42) was passed.

The PRESIDING OFFICER. The Senator from Texas.

MORNING BUSINESS

Mr. CRUZ. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Texas.

Mr. INHOFE. Mr. President, will the Senator yield for a unanimous consent request?

Mr. CRUZ. I am happy to yield to my friend from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that following the remarks of the Senator from Texas and the Senator from Florida, I be recognized for such time as I may consume.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Texas.

CONGRESSIONAL REVIEW ACT
RESOLUTION

Mr. CRUZ. Mr. President, I rise to commend the Senate for passing S.J. Res. 23, the legislation I introduced that has now passed both Houses of Congress, which reins in yet another example of the Obama administration's Executive overreach, gives power and flexibility to the States, and enables States to deal with the problem of drug use—the epidemic of drug use—and to craft solutions that help people escape addiction and dependence on drugs.

This resolution was introduced in the House by Chairman KEVIN BRADY, a fellow Texan. It passed the House 236 to 189, with bipartisan support. With the Senate's passage of the resolution, we will now be sending it to President Trump for his signature.

This resolution restores congressional intent behind the bipartisan Middle Class Tax Relief and Job Creation Act of 2012. The job creation act of 2012 permitted, but did not require, States to assess State unemployment compensation or insurance program applicants for drug usage under two circumstances: where workers had been discharged from their last job because of unlawful drug use, or where workers were looking for jobs in occupations where applicants and employees are subject to drug testing.

The wording of the 2012 job creation act clearly demonstrated that Congress intended to provide States the ability to determine how to best implement these plans. A number of States, including my home State of Texas, did precisely that, establishing testing and programs to help people who had drug dependency and addiction escape from that addiction.

However, years after the law's passage, the Obama Department of Labor substantially narrowed the law beyond congressional intent to circumstances where testing is legally required, not where it is merely permitted. That narrow definition undermined congressional intent and it undermined the flexibility of the States. Now, together, we have reversed that interpretation.

I commend my colleagues, and I thank Chairman BRADY for his leadership in the House and introducing the resolution, and I commend all of us for restoring the authority of the States.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Florida.

TRUMP CARE

Mr. NELSON. Mr. President, I want to talk about TrumpCare. In my State of Florida, there are nearly 2 million people who are covered through the Affordable Care Act, through healthcare.gov. The State of Florida leads the way with the highest ACA marketplace enrollment numbers. In my State, there are another 9 million people who get their health coverage from their employers.

This group also benefits from the ACA's protections, like prohibitions against lifetime limits on insurance and discriminating against people with preexisting conditions. In our State, almost 8 million people have preexisting conditions, which includes something as common as asthma.

Before the ACA, people undergoing lifesaving cancer treatments were being told by their insurance companies they would no longer cover those treatments. Now, under the current law, the ACA, insurance companies can no longer discriminate against preexisting conditions, and your children are going to be able to stay on your family policy until they are age 26. By the way, that is another 4 million people in the United States. Four million young people up to age 26 now get health insurance who didn't get it before the ACA.

What has come out of the House of Representatives—what I will refer to as TrumpCare—called the American Health Care Act—has some very troubling provisions. The House plan would mean 14 million people would lose coverage next year. That number, according to the CBO, would rise to 24 million people who have healthcare coverage now and would lose it—24 million people.

TrumpCare would also mean an end to Medicaid as we know it because it comes in and caps Medicaid. It shifts the cost of Medicaid from the Federal Government to the State governments. If you happen to be a State that has not expanded Medicaid—as is allowed under the ACA, expanding it up to 138 percent of poverty—and if you are one of the 16 States, like my State, that hasn't expanded it, you are going to get a double whammy. You are going

to have your Medicaid amount from the Federal Government, called the block grant, capped, and it is going to be capped at your level instead of the higher level because you hadn't expanded your Medicaid.

The TrumpCare out of the House of Representatives is going to get rid of the financial assistance that has helped so many get health coverage. The bottom line is—and this is what the CBO says—folks are going to pay more, and they are going to get less. They are going to get less coverage.

What else does TrumpCare do? In fact, it cuts the taxes for the wealthy, and it shifts the financial burden of healthcare more to the poor. It would allow insurance companies to charge seniors up to five times more than younger Americans. Now, the existing law—the ACA—has age done in three groups. You can only charge an older person on their premiums, according to their age, three times more than you can charge a younger person. Under TrumpCare, out of the House of Representatives, they will be able to charge seniors five times more than young people in their health insurance premiums.

It would scrap Medicaid expansion and fundamentally change the Medicaid Program. According to CBO, the Republican House TrumpCare bill will cut Medicaid by \$880 billion over 10 years. They are saying it will reduce the deficit by some \$330 billion over 10 years. That is a good thing. But, oh, by the way, it cuts Medicaid by \$880 billion over 10 years. It is my understanding that as to the capping of Medicaid, you have to pay for it someplace. If the Federal Government is not paying for it, as it is under the ACA, it is going to shift the cost to the States, or else the State is not going to provide the Federal-State Medicaid. And what does that mean? That means poor people go without healthcare. I don't think we want to do that.

Obviously, the ACA isn't perfect. Instead of its being repealed, it ought to be fixed. But there doesn't seem to be an appetite over in the House of Representatives. They want to repeal it and create something new called TrumpCare, all of which I have just described.

The problem before was that poorer people could not afford health insurance, or they couldn't get it because of a preexisting condition. If you did have coverage and you got sick, your insurance company just could drop you. People who didn't have coverage were avoiding going to the doctor until their condition got so bad that, when they were in an emergency, they would end up at the most expensive place—emergency rooms—at the most expensive time. So they hadn't done the preventive care and, therefore, the emergency occurred.

The ACA isn't perfect, but it was needed to fix a system that was broken. We need to focus on fixing things that need to be fixed, while preserving